



REGISTRATION FORM FOR LEAD-BASED PAINT THIRD-PARTY EXAMINATIONS

State Form 50748 (R / 9-03)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTE:

- Please type or print in ink.
- Fill out this form only if you are applying for INITIAL lead license(s) and only if you want to take the third-party exam(s) in Indiana. (If you have already taken the third-party exam(s) for your license discipline from an EPA-approved state or tribe lead program, you do not have to take the exam(s) again unless the item listed next applies to your situation.)
- If you are renewing lead license(s), this form is not necessary unless you have allowed more than 48 months to lapse since your last training course(s) – if this is the case, you will have to take initial training course(s) again and also take the third-party exam(s).

IDEM – Office of Air Quality

Lead/Asbestos Section

100 N. Senate Avenue

P.O. Box 6015

Indianapolis, IN 46206-6015

Phone: (317) 233-6514 or

1-888-574-8150 (Nationwide)

<http://www.in.gov/idem/air/permits/>

- Return this completed registration form by **MAIL** to:

IDEM Asbestos/Lead Section

Attn: Exam Coordinator – Room 1003

Indiana Dept. of Environmental Mgmt.

100 North Senate Avenue

P.O. Box 6015

Indianapolis, Indiana 46206-6015

or by **FAX** to:

Lead Exam Coordinator

(317)-233-3257

PART A: GENERAL INFORMATION

1. Applicant name

☐ Mr.
☐ Ms.

First

Last

Middle initial

2. Social security #¹ :

3. Home phone #: ()

4. Home address

Street

Apartment #

City

State

Zip code

5. Company name (if applicable):

6. Company phone #: ()

7. Company address

Street

Suite #

City

State

Zip code

8. Fax #: ()

PART B: TRAINING INFORMATION

9. LIST THE DATES OF THE INITIAL TRAINING COURSE THE APPLICANT HAS COMPLETED FOR EACH APPLICABLE DISCIPLINE:

INSPECTOR

TRAINING: Start Date ____/____/____ End Date: ____/____/____

RISK

ASSESSOR

TRAINING: Start Date ____/____/____ End Date ____/____/____

PROJECT

SUPERVISOR

TRAINING: Start Date ____/____/____ End Date ____/____/____

PROJECT

DESIGNER

TRAINING: Start Date ____/____/____ End Date ____/____/____

¹ Required for use in registration and certificate issuance.

PART C: EXAMINATION INFORMATION

10. Check **every discipline** for which you need to take the lead-based paint third-party examination (Reminder: Inspector license requires Inspector exam; Risk Assessor license requires Inspector AND Risk Assessor exams; Designer and Supervisor licenses require Supervisor exam.):

☐

Inspector

☐

Risk Assessor

☐

Project Supervisor

Examinations are free and may be taken in Indianapolis at the State Government Center (examinations are given twice a month only in Indianapolis at set dates and times, see attachment for Indianapolis dates/times). If you prefer, you may take your exam(s) at the South Bend IDEM Regional Office (see instructions below); the Petersburg IDEM Regional Office (see instructions below); or the Gary IDEM Regional Office (see instructions below).

► INDIANAPOLIS EXAM SITE: (see attachment for scheduled dates and times)1st choice of Indianapolis date: ____ / ____ / ____

2nd choice of Indianapolis date: ____ / ____ / ____

► SOUTH BEND IDEM EXAM SITE: Call Tony Pelath at 219/245-4889 to schedule date and time for exam(s). Once date is set, fill in the following, complete the rest of this form and send or fax as instructed in the header of this form.

I am taking the exams checked above at South Bend on:

____ / ____ / ____
Date_____
Time

► PETERSBURG IDEM EXAM SITE: Call Dave Zendell at 812/380-2315 to schedule date and time for exam(s). Once date is set, fill in the following, complete the rest of this form and send or fax as instructed in the header of this form.

I am taking the exams checked above at Petersburg on:

____ / ____ / ____
Date_____
Time

► GARY IDEM EXAM SITE: Call Amy Burns at 219/881-6720 to schedule date and time for exam(s). Once date is set, fill in the following, complete the rest of this form and send or fax as instructed in the header of this form.

I am taking the exams checked above at Gary on:

____ / ____ / ____
Date_____
Time

Your registration will be confirmed by mail or fax to confirm the date, time, and location of all exams for which you have registered. Check below where you prefer your confirmation letter to be sent and/or faxed:

☐

Home Address

☐

Company Address

☐

Fax to fax number listed for Item #8 on page 1 of this application

REGISTRANT'S SIGNATURE: _____

(Exam will not be scheduled unless
signed by registrant.)

DATE SIGNED: ____ / ____ / ____